

In the United States Patent and Trademark Office

Serial Number: 10/820,561 )  
Filing Date: 4/8/2004 ) Examiner: Armando  
Rodriguez  
Applicant: Tong Zhang )  
Appn. Title: Single-Mode Operation and Frequency ) GAU: 2828  
Conversions for Solid-State Lasers)

Fax: 571-273-6500 (Attn: Refund Branch)

Fax via computer on 9/17/2010  
Salt Lake City, UT 84115

To: PTO Refund Branch

Dear Sir or Madam:

PTO has double charged my petition fee of \$810.00 under 37 CFR §1.137(b).

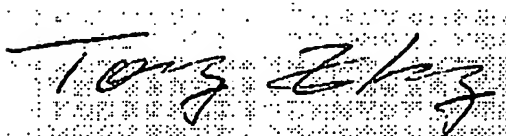
Please help me to refund \$810.00 to my credit card account and let me send my credit card record for your reference.

Tong Zhang, Applicant Pro Se

USPTO QPS 571-272-6500 VA  
Transaction Date: 9/2/2010  
Post Date: 9/3/2010  
Transaction Amount: \$810.00  
Reference Number: 0543684L6Q5X92TK1  
Merchant Type: Government Services not elsewhere classified

USPTO QPS 571-272-6500 VA  
Transaction Date: 9/8/2010  
Post Date: 9/9/2010  
Transaction Amount: \$810.00  
Reference Number: 0543684LQQDNW6BE3  
Merchant Type: Government Services not elsewhere classified

Adjustment date: 10/06/2010 CKHLOH  
09/08/2010 JADD01 00000051 10820561  
FC:2453 -810.00 OP



Refund Ref: 10/06/2010 0030089307

Credit Card Refund Total: \$810.00

**F A X**

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To: PTO Refund Branch  
Fax number: 11808001571-273-6500

From: Tong Zhang  
Fax number:  
Business phone:  
Home phone:

Date & Time: 9/17/2010 6:52:54 PM  
Pages: 2  
Re: Ask for refund

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To: PTO Refund Branch

Ask for refund of the petition fee under under 37 CFR §1.137(b)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>10-4-10</u>		2 Serial/Patent # <u>10/820561</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition		9-7-10	\$ 810.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND	\$ 810.00								
			8 TO BE REFUNDED BY: <u>CC</u>									
			Treasury Check									
			Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
10 REASON:												
	Overpayment											
<input checked="" type="checkbox"/>	Duplicate Payment											
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>										
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>										
OFFICE: <u>Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>		DATE: <u>10/6/10</u>										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*